

Lillyburn Care Home Service

Birdston Road
Milton of Campsie
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Type of inspection:

Unannounced

Completed on:

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Service provided by:

Pacific Care Limited

Service provider number:

SP2003002346

Service no:

CS2003010431

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

The service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Lillyburn Care Home is managed by Pacific Care Limited. The service is located in Milton of Campsie and provides care and support for up to 56 people within a purpose-built environment. The service has registered nursing staff on duty over a 24 hour period.

There are four units within Lillyburn's main building, with each unit accommodating up to 10 older people, with 40 residents in total.

A separate unit, Kintyre, is situated across from the main building and has been designed to cater for the care and support needs of up to 16 older people with dementia.

The grounds provide landscaped gardens that are easily accessible to people.

There were 56 people living in the home during the time of the inspection.

What people told us

Before and during our visit, we received 9 completed care standards questionnaires from residents, four from relatives and 18 from staff.

There were 59 residents living in the home at the time of our inspection. During our visit, we spoke with 12 residents and 6 visiting relatives. We spoke with staff throughout our inspection and as part of our general observations. We also observed lunchtime and carried out a SOFI 2* observation involving residents with limited communication abilities.

Overall residents, relatives and staff gave very positive feedback about the standard of care at Lillyburn care home. When areas for improvement were identified we explored these further and communicated them anonymously to the manager with a view to supporting improvement. Comments included:

- 'Staff couldn't treat me any better than they do'.
- 'I am encouraged to have friends in the home'.
- 'A very friendly, warm and caring environment, giving it a family feel'.
- 'Brilliant teamwork within the staff, made possible by a strong leadership team who lead by example. This sets a very high standard'.
- 'I am encouraged by staff to move more and be independent, but at times I want them to do more for me'.
- 'Staff are wonderful'.

- 'I don't think I would change anything about the care home'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	6 - Excellent
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

6 - Excellent

We saw that staff interacted with compassion, respect and kindness throughout our inspection. Residents told us that they had very positive relationships with staff. This meant that the service created an engaging, warm, safe and nurturing atmosphere which helped all residents, but in particular those living with dementia. The welcoming, relaxed, professional and confident attitude of staff and managers meant families felt that the service was well managed and provided a safe place for their relative to live.

An outstanding feature of the service was the way all staff groups applied the 'whole home' policy of the provider. We saw several excellent examples of how this benefited residents and staff. Every staff member, from the maintenance man to the catering staff appeared to feel involved and engaged very well with the residents. This helped people to feel included and have a sense of home.

Residents enjoyed a very pro-active activity programme that supported people to stay connected with the community and to build or keep relationships. The professionally organised and executed inter-generational work with local schoolchildren was a very good example in this area. It showed how individual residents and children mutually benefitted from doing things together and building positive relationships. The enthusiastic approach to the activity programme meant that people had opportunities to maintain their interests and to develop new ones. It showed very good engagement with current good and evidence-based practice. Managers clearly reflected on what helped people and their changing needs and abilities and promoted positive changes and learning where necessary.

Documentation and feedback from external professionals and families showed that residents benefitted from holistic health assessment and very good ongoing management of their health needs. The management of medication was robust. Kintyre unit showed how the service promoted evidence-based practice and outcome focussed care. The unit's approach to psychoactive medication ensured the lowest possible use of medication and was focussed on achieving good outcomes for residents. Staff worked very effectively with external professionals to ensure that the residents' treatment was safe and effective.

The service promoted person-centred principles of understanding stress and distress in dementia. The service further developed its already excellent and innovative use of the Playlist for Life project. A recent example was the introduction of a 'Playlist Barber' shop. This innovative approach enabled several male residents living with dementia to enjoy shaving and grooming without distress.

Interactions, processes and documentation showed that the service promoted a culture of respect and participation. Policies and training, including the recruitment and induction processes, showed that the service valued people's independence and choice. We saw several excellent examples of involving people in decisions about the service. The most innovative was the use of chef-led food 'taster'sessions for creating new menus. Other examples ranged from planning activities to involving people into the recruitment of new staff members.

We observed that practice at mealtimes showed a high degree of dementia awareness. The mealtimes were very well organised and executed. Staff engaged very well with residents and used their skills to promote choice and dignity and to reduce anxiety. We saw some excellent examples of promoting choice, including the use of visual choices and the promoting of choice for people on textured diets. This supported residents to enjoy their meals in a friendly and relaxed environment.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

The service utilised the provider's documentation system to the maximum. All sampled care plans and assessments were well completed and up to date. To implement current good practice guidance, managers enabled skilled and competent staff members to develop the documentation tools further. A very good example of this was new documentation tools to support the implementation of person-centred approaches to stress & distress in dementia care. The introduction of these documentation tools and extensive staff training showed the service's commitment to good and evidence-based practice. It also demonstrated the enabling attitude of the

manager, as staff were given opportunities to develop their practice in ways that promoted ownership and accountability.

Staff knew residents very well. The documentation system supported this effectively by prompting staff to gather extensive information about people's likes, preferences, life story events, and things that were important for them and which promoted their identity and personality.

There was very good evidence of the service using documentation tools to work effectively with other health professionals. We saw several good examples of the use of evidence-based assessment tools, like the Abbey pain scale or the Glasgow scale for side effects of psychoactive medication. This supported good healthcare outcomes for residents.

Documentation and practice showed that people's rights were respected. Where any forms of restraint were needed to keep people safe, staff ensured that there was proper assessment and consent as the necessary legal documentation.

The very good standard of the documentation was supported by robust quality assurance systems and regular evaluation of the care plans. People confirmed that they were offered regular reviews of their or their relative's care. The documentation of the review meetings showed that they were meaningful and outcome focussed.

Some sampled plans included good information about people's wishes for their future and end of life care. Managers acknowledged that this was not yet consistently implemented and had already identified this as part of their ongoing improvement plan.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	6 - Excellent
1.1 People experience compassion, dignity and respect	6 - Excellent
1.2 People get the most out of life	6 - Excellent
1.3 People's health benefits from their care and support	6 - Excellent
How well is our care and support planned?	5 - Very Good

5.1 Assessment and care planning reflects people's planning needs and wishes

5 - Very Good

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